

# Sponsor Form

USA Deaf Soccer Association  
XX Deaflympics  
Melbourne, Australia

**Athlete's name: Virginia Keeler**

*(Additionally, please write athlete's name on memo line of check)*

## Expenditure(s):

Accommodations	\$2,000.00	_____ (check here)
Airfares	\$1,700.00	_____ (check here)
Training Camp	\$1,600.00	_____ (check here)
Team Uniforms	\$500.00	_____ (check here)
Medical expenses	\$500.00	_____ (check here)
Chief de Mission's Expenses	\$500.00	_____ (check here)
USA Deaf Soccer Operating Costs	\$300.00	_____ (check here)
Supporter	\$100.00	_____ (check here)
Friend	\$50	_____ (check here)
Other	\$ _____	

**Mr/Mrs/Ms/Miss (please circle)**

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

TTY/Voice:	_____	(H)
Fax:	_____	(H)
TTY/Voice:	_____	(W)
Fax:	_____	(W)
E-mail:	_____	(H or W)

**Please do not forget to attach check or money order payable to USA Deaf Soccer Association (or USADSA). Send all payments to:**

**USA Deaf Soccer Association  
C/o Mr. Tyson Kanoya— Fundraising Coordinator  
1630 Liggett Dr.  
Crestwood, MO 63126 — USA**

**Note: Tax EXEMPT ID will be given at the time of contribution (allow 4-6 weeks for processing). Other special conditions may apply when given in advance.**